KyHealth Choices

Bimonthly Update
June/July 2007

Public Forum

The next "Ask the Medicaid Commissioner" forum will be held on Thursday, August 23 at 3:00 p.m. at the Blue Grass Community Action Partnership office, 111 Professional Court, Frankfort, Kentucky, in the conference room on the lower level of the building. Directions are provided below. All KyHealth Choices members and their guardians, providers, advocacy organizations and staff are invited to attend to learn what's new with KyHealth Choices and to ask any questions they may have. For more information, contact Lynne Flynn at Lynne.Flynn@ky.gov.

Directions: From I-64, take Exit 58. Turn onto Versailles Road, away from downtown Frankfort and toward Versailles. Turn right onto Millville Road (first traffic light past the interstate interchange). Take the 3rd right onto Corporate Drive. Take the 2nd left onto Laneview Drive. Take the first right onto Professional Court. The meeting will be held on the lower level of the Blue Grass CAP building. Please use the parking lot to the right of the building.

Michelle P Waiver

The Department for Medicaid Services (DMS) submitted an application for a new waiver, the Michelle P waiver, to the Centers for Medicare and Medicaid Services (CMS) on June 1. This waiver is designed to provide non-residential supports and services needed by individuals with mental retardation or developmental disabilities to enable them to live safely in the community, rather than in an Intermediate Care Facility for those with mental retardation or developmental disabilities. CMS staff are currently reviewing the waiver application and additional information which DMS submitted in response to questions.

Acquired Brain Injury (ABI) Long Term Waiver

DMS submitted a new waiver application to CMS on July 18th. The ABI Long Term Waiver is designed to provide long term supports for individuals with brain injuries once they have worked through the intensive rehabilitation phase. The waiver application is currently under review by CMS.

Money Follows the Person (MFP) Grant.

The first MFP steering committee occurred on July 10. This committee has developed eight internal work groups to identify barriers and suggest solutions. Many of these groups have begun to meet and work on these solutions. The results of the work group and steering committee input will be used to develop a detailed operational protocol due to CMS by November 1, 2007. The program is expected to begin on January 1, 2008.

Working Disabled Program

The 1999 Ticket to Work Act gave states the option of extending Medicaid to persons with disabilities who work. Prior to the Ticket Act, persons with disabilities who increased their incomes through work often lost their entitlement to Medicaid. The Ticket Act allows states to extend Medicaid to people who, except for their income, would qualify for benefits. DMS is using the authority granted under the Ticket Act to develop the Medicaid Working Disabled Program for employed persons with disabilities.

Under this program, individuals who are disabled and are working at least 40 hours per month, will be able to pay a premium and “buy in” to the Medicaid program. Nominal premiums will be based on income. Participation would be limited to individuals who:

- have certification of disability as defined by the Social Security Administration;
- are at least 16 but not yet 65 years of age;
- are engaged in paid work (includes part-time and full-time work); and
- meet income and resource standards established by the Department: 250% of FPL which is currently $2,127 for 1 person.

Regulations Update

The following regulations were submitted to LRC on July 12, 2007. The emergency regulations were submitted, thus implementing the changes effective on July 12. The ordinary regulations will be going through the public comment process and legislative review.

907 KAR 1:015 & E (Outpatient Hospital Reimbursement)
907 KAR 1:145 & E (SCL Services)
907 KAR 1:170 & E (HCB Reimbursement)
907 KAR 1:672 & E (Provider Enrollment)
907 KAR 3:005 & E (Physician Services)
907 KAR 3:010 & E (Physician Reimbursement)
907 KAR 3:090 & E (ABI Services)

Please refer to http://www.chfs.ky.gov/dms/Regs.htm to view these regulations online.

Disease Management Initiatives

During the summer months, Medicaid continues to publish several quarterly newsletters in addition to participating in health fairs in local communities. During the month of June, mailings about how individuals can effectively manage their health problems were sent to members with the following conditions: Diabetes (214), Pediatric Diabetes (254), Pediatric Asthma (3,117), Adult Obesity (2,299) and Prostate Cancer Screening (2,824). In July, 700 newsletters were mailed to the COPD/Adult Asthma member population.

The Healthy at Heart™ program will continue with an additional 20,000 new members enrolled. A health fair was held in Pine Knot during the month of June and two additional health fairs are on the schedule for August in Lexington.

The Breast and Cervical Cancer Screening incentive project has come to a close at the end of June. This has been our most successful and touching initiative at this point. Medicaid looks forward to a statewide mailing during Breast Cancer Awareness month in October.

Physician Rate Increase

Effective July 1, 2007, DMS increased fees for specific procedure codes. The fee increases include the following:

- Ten Evaluation and Management (E&M) CPT codes for outpatient office visits. These codes include 99201 through 99205 and 99211 through 99215. Fees were paid at approximately 54% of the Medicare allowable rate. Fees for these E&M codes will increase to 87.5 % of the 2006 Medicare allowable rate.
- Fourteen preventive service CPT codes for the Early and Periodic Screening Diagnosis and Treatment (EPSDT) program. These codes include 99381 through 99387 and 99391 through 99397. Fees for these codes increased 12.5% above their current rate.
- Approximately 3% of all CPT codes comprise 80% of the total payments to Physicians in KyHealth Choices. Evaluation of these codes revealed that approximately 130 were well below 79% of the Medicare allowable. Payment for these codes was increased to 79% of the Medicare allowable.

Additionally, DMS increased the limit for comprehensive E&M CPT codes for outpatient visits to two per year which was effective July 1, 2007.

The revised fee schedule is available on the DMS website at http://chfs.ky.gov/dms/fees.htm.

The fee increases and other changes to the Medicaid program are an effort to more appropriately compensate providers for patient care. Through these efforts, it is anticipated that members will be provided improved access to care.

Fluoride Varnish

Effective July 1, 2007, DMS began reimbursing Physicians to administer topical Fluoride Varnish to the teeth of Medicaid eligible clients through age four.

Topical fluoride applications are one of the most effective ways to prevent, slow down, arrest and even reverse early cavities. Dentists have been providing fluoride services for decades. Fluoride varnish provides Physicians with a superior method of fluoride application, especially for children through four years of age. The provider need not seek prior authorization for this service to these young Medicaid members. The Physicians will bill for the service using code D1206. To be eligible for reimbursement, the D1206 Code must be billed in conjunction with an office visit exam code. The procedure is allowed once every 90 days up to a maximum of two times per 12 months. The reimbursement rate for the D1206 code is set at $15.00.

Consumer Directed Option (CDO) Program Update

Consumer Directed Services through the Home and Community-Based Services waiver (HCB), the Supports for Community Living (SCL) waiver and the Acquired Brain Injury (ABI) waiver are currently in full swing. There are approximately 400 budgets approved. To date, most members who have elected this option are in the HCB waiver.

Self Determination

In addition to the CDO program within the three waivers, Kentucky is working to explore the next step in self-determination. DMS is currently developing a state plan amendment to provide services for individuals with disabilities through a pilot self-directed option (SDO). The pilot is planned to service 200 individuals in various parts of the state who are eligible for HCB, ABI and SCL waiver services. Through SDO, these individuals will create a highly personal budget and service plan specifically designed to meet their unique health needs. The demonstration is predicated on increasing safety and health by making effective use of committed long-term relationships and community connections to provide flexible and effective individually designed support services. The first draft of the plan was submitted to CMS for review and comment on June 1st. CMS has met with DMS to discuss comments on areas that need clarification. DMS will work on the clarification and resubmit the second draft to CMS in the near future.

Brain Injury

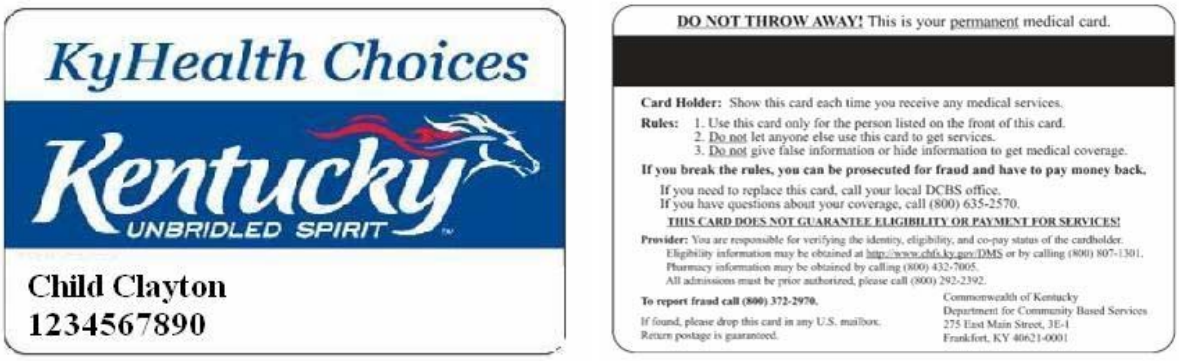
The following information has been updated for the Brain Injury Services Branch. The new ABI website is available at http://chfs.ky.gov/dms/Acquired+Brain+Injury.htm. The Traumatic Brain Injury Trust Fund website is available at http://chfs.ky.gov/dms/Traumatic+Brain+Injury+Trust+Fund.htm. The new Fax number is (502) 564-6568. The new Toll Free phone number is (866) 878-2626.

New Medicaid ID Cards

Beginning June 2007, all KyHealth Choices members began receiving a new card.

Your social security number no longer appears on the new *KyHealth Choices* cards. This card uses a unique number.

Below is a picture of the new card.



Do not throw your card away. You will not get a new card each month. If you lose your card, call your local DCBS office for a new one.

If your personal information changes (name, address, etc), contact your DCBS worker or local Social Security Administration office right away.

If you do not show your KyHealth Choices card each time you see a provider, you may be charged for the services you receive. If you forget your card when you go for a service, you can ask the provider to either call KyHealth Choices at (800)-635-2570 or your provider may log on to the KYHealth-net to verify eligibility.

Medicaid Member Handbook

Good News! The Medicaid (*KyHealth Choices*) Member Handbook will be available in September. The Handbook contains practical information about KyHealth Choices Benefit Plans, Important Telephone Numbers and Websites, Prior Authorization, How to Get Transportation Services, Choosing or Changing Your Primary Care Provider (PCP), Emergency Room Use, 24-Hour Nurse Information Line and other important topics useful for members, providers and case managers alike. When the member Handbook is completed, it will be available on the *KyHealth Choices* website at https://kyhealthchoices.fhsc.com or by calling the *KyHealth Choices* Call Center.

SCHIP Reauthorization update

Discussions regarding proposed federal legislation continue to take place. However, legislation has not been finalized. Kentucky continues to work with other states to ensure our concerns regarding the future of the program are heard. Recently, we collaborated with the Southern Governor's Association to draft principles we believe are critical to continue building on the success of SCHIP. Those principles include:

- Congress Must Act to Reauthorize S-CHIP by the End of FY07
- Reauthorization Must Provide Adequate Funding
- Congress Must Recognize the Anticipated Growth in Medicaid Related to Improved S-CHIP Coverage
- States Need to Receive their Allotments in a Predictable, Up-Front Manner
- Accuracy of Data is Essential For States to be Able to Live Within Their Allotments
- Congress Should Allow States Multiple Years to Spend S-CHIP Allotments
- The Distribution Formula Should Reflect Both Current Spending and the Number of Uninsured Children in Each State
- Congress Should Not Impose Additional Mandates on State Programs
- Make Children a Priority
- Congress Should Streamline Premium Assistance Rules

Frequently Asked Questions

What is BCCTP?

Breast and Cervical Cancer Prevention and Treatment Program (BCCTP) provides full Medicaid benefits to uninsured women under age 65 who are not otherwise Medicaid eligible who are identified through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) as needing treatment for breast or cervical cancer, including pre-cancerous conditions and early stage cancer.

What is Presumptive Eligibility?

Kentucky Medicaid strives to make prenatal care more accessible through a process called "Presumptive Eligibility" (or "PE"). This program allows pregnant women who have not yet applied for Medicaid to receive temporary coverage for prenatal care. Your doctor and his/her office staff can arrange for your PE coverage while you are in their office for this visit.

What effect does the 5-year transfer law have on me?

When applying for Long Term Care Medicaid benefits part of the eligibility determination is to ensure that you have not disposed of your resources for less than fair market value during the look back period. Prior to the Deficit Reduction Act of 2005, the look back period was 60 months for monies transferred to a Trust and 36 months for all other resources. The change in the law expanded the look back period from 36 months to 60 months for all transfers made on or after the law was signed, February 8, 2006. This is to ensure that individuals utilize their own resources prior to depending on Medicaid. If you transfer your home today for less than its fair market value, and you need Medicaid benefits to assist with the cost of long term care within the next five years, you will have a penalty period of ineligibility based on that transfer.

How do I bill with my new National Provider Identifier (NPI) number?

The provider billing instructions available via the web at http://www.kymmis.com/kymmis/Provider%20Relations/billingInst.aspx includes information on how to bill with or without an NPI. In addition, providers need to reference the KY Companion guides for the appropriate 837 transaction they are billing i.e. 837D, 837I, or 837P. The Companion guides are available on the website at http://www.kymmis.com/kymmis/Provider%20Relations/DDEuserManuals.aspx.

If you have further questions or concerns, contact Provider Relations at (800) 807-1232.

I know the May 25th NPI deadline has passed, but are you still accepting NPI information?

The NPI deadline was May 23, 2007. KyHealth Choices is currently offering submitters a contingency to allow providers who have not registered their NPI and taxonomy, if applicable, with First Health, to bill their legacy provider ID on the claim. During a transition period, providers who have registered their NPI and taxonomie(s) with First Health should bill **both the NPI and taxonomy, if applicable, and their legacy provider ID** on the claim effective for any dates of service on or after the day they were notified by First Health that their NPI and taxonomie(s) were registered.

If you need more information or have any questions regarding filing a claim with both the NPI and taxonomy, if applicable and the legacy provider ID, contact (800) 807-1232

For more information on submitting your NPI and taxonomy, contact (800) 639-5195, 8 a.m. to 6 p.m. Monday through Friday, or visit one of the following Web sites:

- Department for Medicaid Services at https://chfs.ky.gov/provider.htm
- *KyHealth Choices* at https://kyhealthchoices.fhsc.com
- Centers for Medicare and Medicaid Services at http://www.cms.hhs.gov/NationalProvIdentStand/

What about the Cash Management Hold for Medicaid Providers?

The 21-day cash management hold has been suspended since June. This suspension of the hold will remain in effect until the remaining MMIS system implementation issues have been resolved. This hold is a proactive measure DMS took to minimize the effect the new system implementation may have had on provider cash flow. We continue to work with our EDS partners to resolve the remaining implementation issues. Once resolved, DMS will notify the provider community in advance before the 21-day cash management hold goes back into effect.